County: Waukesha CARE-AGE OF BROOKFI ELD 1755 NORTH BARKER ROAD Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes 105 ***********

***********	****	***********	*****	************	******	******************	******
Services Provided to Non-Residents	,	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	46. 1 33. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	20. 6
Day Servi ces	Yes	Mental'Illness (Org./Psy)	30. 4	65 - 74	3. 9		
Respite Care	Yes	Mental Illness (Other)	3. 9	75 - 84	44. 1		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41. 2	*****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & Over	8. 8	Full-Time Equivalent	t
Congregate Meals	No	Cancer	2. 0			Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	8. 8		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 7	65 & 0ver	98. 0	[
Transportation	No	Cerebrovascul ar	8. 8			RNs	11. 9
Referral Service	No	Di abetes	6. 9	Sex	%	LPNs	12. 7
Other Services	No	Respi ratory	4. 9			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	20.6	Male	24. 5	Aides & Orderlies	38. 9
Mentally Ill	No			Female	75. 5		
Provide Day Programming for	İ		100. 0				
Developmentally Disabled	No				100. 0		
*************	****	**********	*****	*******	******	*************************	******

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other P		Private Pay		 I	Managed Care			Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	3	18. 8	\$324. 87	3	10. 7	\$135.87	0	0. 0	\$0.00	4	6. 9	\$178.00	0	0. 0	\$0.00	10	9. 8%
Skilled Care	13	81. 3	\$344. 93	23	82. 1	\$116.33	0	0. 0	\$0.00	25	43. 1	\$168.00	0	0. 0	\$0.00	61	59. 8 %
Intermedi ate				2	7. 1	\$96. 78	0	0.0	\$0.00	29	50. 0	\$138.00	0	0.0	\$0.00	31	30. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	16	100.0		28	100. 0		0	0.0		58	100.0		0	0.0		102	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Services,	and Activities as of	12/31/00
Deaths During Reporting Period					1.		m , 1
D (All) (C			0/		eedi ng	0/ TD 4 11	Total
Percent Admissions from:		Activities of	_ %		tance_of	% Totally	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 4	Bathi ng	1. 0		65. 7	33. 3	102
Other Nursing Homes	2. 5	Dressi ng	6. 9		59. 8	33. 3	102
Acute Care Hospitals	86. 0	Transferring	16. 7		54. 9	28. 4	102
Psych. HospMR/DD Facilities	1. 7	Toilet Use	16. 7		55. 9	27. 5	102
Rehabilitation Hospitals	1. 3	Eati ng	63. 7		11.8	24. 5	102
Other Locations	4.7	********	********	*******	********	********	******
Total Number of Admissions	236	Conti nence		% S	pecial Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8. 8		espiratory Care	7. 8
Private Home/No Home Health	12. 2	Occ/Freq. Incontinen	t of Bladder	55. 9	Receiving T	racheostomy Care	1. 0
Private Home/With Home Health	9. 2	Occ/Freq. Incontinen	t of Bowel	24. 5	Receiving S	ucti oni ng Č	1. 0
Other Nursing Homes	4. 2	•			Receiving 0	stomy Care	1. 0
Acute Care Hospitals	37. 0	Mobility			Receiving T	'ube Feeding	10. 8
Psych. HospMR/DD Facilities	1. 3	Physically Restraine	ed	6. 9	Receiving M	fechanically Altered Di	ets 31.4
Rehabilitation Hospitals	1. 7				8	y	
Other Locations	8. 8	Skin Care		0	ther Residen	t Characteristics	
Deaths	25. 6	With Pressure Sores		7. 8		e Directives	100. 0
Total Number of Discharges		With Rashes			ledi cati ons	-	/ -
(Including Deaths)	238				Receiving P	sychoactive Drugs	63. 7
********************	k*****	k*******************	**********	*******	*******	*********	*****

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		100- 199		Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 5	74. 6	1. 28	83. 3	1. 15	81. 9	1. 17	84. 5	1. 13
Current Residents from In-County	60. 8	84. 4	0. 72	85. 0	0. 72	85. 6	0.71	77. 5	0. 78
Admissions from In-County, Still Residing	14. 4	20. 4	0. 71	19. 2	0. 75	23. 4	0. 62	21. 5	0. 67
Admissions/Average Daily Census	224. 8	164. 5	1. 37	196. 7	1. 14	138. 2	1.63	124. 3	1.81
Discharges/Average Daily Census	226. 7	165. 9	1. 37	194. 3	1. 17	139. 8	1. 62	126. 1	1.80
Discharges To Private Residence/Average Daily Census	48. 6	62. 0	0. 78	76. 2	0.64	48. 1	1.01	49. 9	0. 97
Residents Receiving Skilled Care	69. 6	89. 8	0. 78	91. 2	0. 76	89. 7	0. 78	83. 3	0.84
Residents Aged 65 and Older	98. 0	87. 9	1. 12	93. 9	1.04	92. 1	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	27. 5	71. 9	0. 38	60. 4	0.45	65. 5	0. 42	69. 0	0.40
Private Pay Funded Residents	56 . 9	15. 0	3. 78	26. 5	2. 14	24. 5	2. 32	22. 6	2. 52
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	34. 3	31. 7	1.08	26. 6	1. 29	31. 5	1.09	33. 3	1.03
General Medical Service Residents	20. 6	19. 7	1. 05	22. 9	0. 90	21. 6	0. 95	18. 4	1. 12
Impaired ADL (Mean)	54 . 5	50. 9	1.07	48. 7	1. 12	50. 5	1.08	49. 4	1. 10
Psychological Problems	63. 7	52. 0	1. 23	50. 4	1. 26	49. 2	1. 30	50. 1	1. 27
Nursing Care Required (Mean)	7. 6	7. 5	1. 01	7. 3	1.04	7. 0	1. 08	7. 2	1.06